

Department of Environmental Quality
Office of Land Application Programs
APPLICATION FOR LAND APPLICATION SUPERVISOR CERTIFICATION
By authority of the Virginia Pollution Abatement Permit Regulation (9VAC25-32),
this form must be completed and submitted in order to be considered for certification.
Please print or type this application.

Personal Information:		Date:	
NAME (Last, First, Middle Initial):			
HOME MAILING ADDRESS:		HOME PHONE NO. (Include Area Code):	BUSINESS PHONE NO.:
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Please circle your answer: Are you a certified Virginia Nutrient Management Planner: Y / N Have you ever been convicted of a felony? Y / N If yes, was this felony related in any way to the responsibilities of a certified land applicator? Y / N			

Eligibility Information		
Name of Land Application Company/ Employer:		Eligibility Requirements list experience/training and any applicable out-of-state Certifications below:
Address:		
City:	State:	
Zip:		
Dates of employment:		
From: _____ (mo. & yr.) To: _____ (mo. & yr.)		
List Education Level achieved:		

INDICATE YOUR FIRST AND SECOND CHOICES FOR THE LISTED TRAINING COURSES	
1	Certification Examination: I plan to attend the training course: Y / N Describe Any Special Training Needs Below:
2	
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED ON ALL PAGES, INCLUDING ATTACHMENTS, IS ACCURATE AND COMPLETE. I FULLY UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL OR REVOCATION OF CERTIFICATION.	
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Applicant Signature Date </div>	
Mail this completed application with payment to: (Make \$100.00 payment to: Treasurer of Virginia) <div style="text-align: center;"> Department of Environmental Quality Receipts Control P. O. Box 1104 Richmond, VA 23218 </div>	